Recertification Report - CARF Accredited Organization

Provider Name			Provider Number	Begin Cert Date	End Cert Date
ALLIANCE FOR SELI	F DETERMINATION, INC		1427236009	3/30/2009	3/30/2010
Organizational Practices	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	In-compliance	4 of 4 staff (100%) files reviewed contained results of background screenings, CPR/1st Aid Certification, and met qualifications for the services being provided.	No	
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Recommendation (Systemic)	1 of 4 staff (25%) files reviewed had documentation of participant specific training which met applicable standards. 4 of 4 files (100%) reviewed contained documentation of Division required training; however, the training did not include all the required components including the name and signature of the staff receiving the training and trainer information.	Yes	2/25/2009
	Emergency Drills (CARF 1.E.)	Recommendation (Systemic)	Emergency drill documentation was only completed on two locations, and did not include documentation of all required drills for all locations in which participants are receiving services statewide. In addition; the provider identified concerns in emergency drills that were documented, but follow-up was not always present.	Yes	2/25/2009
	Emergency Procedures during Transportation (CARF 1.E.)	Recommendation (Focused)	1 of 2 (50%) of vehicles observed had emergency procedures during transportation; the Dodge Durango that was observed in Cheyenne did not contain this information.	Yes	2/25/2009

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Internal Inspections (CARF 1.E.)	In-compliance	3 of 3 locations (100%) reviewed had documentation of internal inspections, with concerns identified when appropriate, and follow-up to concerns documented as appropriate.	No	
External Inspections (CARF 1.E.)	In-compliance	3 of 3 locations reviewed (100%) had documentation of external inspections, with concerns identified when appropriate and follow-up to concerns documented as appropriate.	No	
Progress made on prior DDD Survey recommendations	Not Reviewed	This is the provider's first recertification; therefore, this area was not reviewed during the survey.	No	
Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	In-compliance	The provider's policy was reviewed and met applicable standards.	No	
Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	Recommendation (Systemic)	1 of 2 staff (50%) interviewed were able to articulate functional knowledge of the Division's Notification of Incident Reporting Process.	No	3/5/2009
Complaint and Grievance (CARF 1.D.)	In-compliance	The provider's policy was reviewed and met applicable standards; in addition, the provider reports having no formal grievances filed in the past year.	No	
Rights of Participants (Wyoming Medicaid rules, Chapters 45, Section 26, CARF Section 1)	In-compliance	The provider's policy on rights was reviewed and met applicable standards.	No	
Rights of Participants (Wyoming Medicaid rules, Chapters 45, Section 26, CARF Section 1)	In-compliance	2 of 2 staff (100%) interviewed were able to articulate participant specific rights and restrictions.	No	
Behavior Plans (Chapter 45, Section 29)	In-compliance	1 Positive Behavior Support Plan was reviewed, and met the applicable requirements. The provider is encouraged to continue to work with the team and Division staff in the development of PBSPs.	No	

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	Restraint standards (Chapter 45, Section28)	Recommendation (Focused)	The provider's policy on restraints stated that the agency does not use restraints; however, if the agency staff is providing services to a participant with a restraint protocol that the agency will ensure that the staff has CPI/MANDT training. The policy did not include all required policy requirements if the agency will be employing restraints.	No	3/5/2009
	Transportation Requirements (CARF 1.E.9)	Recommendation (Focused)	1 of 2 vehicles (50%) observed appeared safe and met the applicable standards. The Dodge Durango observed in Cheyenne contained expired insurance at the time of observation.	Yes	2/25/2009
Participant Specific Reviews	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Implementation of Individual Plan of Care (Wyoming Medicaid rules Chapters 41, 42 and 43, Section 8)	In-compliance	5 files were reviewed and per the provider documentation the plans of care were being implemented appropriately.	No	
	Releases of Information (CARF 2.B.)	Recommendation (Focused)	4 of 5 files (80%) reviewed releases were time- limited, specific to what information was being released, and to whom the information was being released. In Participant 1's file there were two releases that were either not specific to what information was being released or did not include the date in which the release went into effect.	No	3/5/2009
	Emergency Information (CARF 2.B.)	In-compliance	5 of 5 participant files (100%) reviewed, contained current and thorough emergency information.	No	
	Objectives and goal tracking (Wyoming Medicaid Rules Chapter 41-43)	In-compliance	5 of 5 participant files (100%) reviewed consistently included documentation of tracking of progress made on objectives	No	

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	Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	Recommendation (Focused)	Five participant files were reviewed and the billing and documentation met the applicable standards with the exception of: Participant 5 in which AM/PM was consistently missing from time in and out services, the provider underbilled for services in the months of October and December 2008, and overbilled in July and September 2008. The provider could not produce all documentation for November and July but billed for services during this time.	No	3/5/2009
Case Management Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Case manager monthly/quarterly documentation meets requirements of Chapters 41, 42 and 43, and DD rule, Chapter 1	In-compliance	3 of 3 participant files (100%) reviewed, contained documentation of monthly/quarterly notes which met the applicable requirements. The provider is encouraged to review the Division's resources available on the website and attend upcoming Division training in the future.	No	
	Team meeting notes (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	3 of 3 participant files (100%) reviewed, contained annual and 6 month team meeting notes which met applicable requirements.		
	Development and Tracking of Objectives (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	3 of 3 files reviewed (100%), contained case management documentation that provided evidence of the development and tracking of progress made on objectives. The provider is encouarged to continue to work with the team and Division staff in developing measurable objectives.	No	
	Monitoring implementation of the IPC (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	3 of 3 participant files (100%) were reviewed and contained documentation that the case manager is monitoring the implementation of the IPC which met applicable standards.	No	

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Residential Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date Q Due	!IP
	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	In-compliance	1 of 1 sites (100%) observed provided evidence of maintaining a health and safe environment.	No		
	Organization meets CARF Standards on Community Housing (CARF Section 4.J)	In-compliance	Through observation and a review of provider documentation, the provider met the standards on community housing.	No		
	The organization meets the standards in Chapter 45, section 23)	In-compliance	Through observation and a review of provider documentation, the provider met applicable standards.	No		
Day Habilitiation, Employment Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date Q Due	lP
	The organization meets the standards for Community Integration (CARF 4.E)	In-compliance	The organization meets the standards, as evidenced by documentation review.	No		
	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	Not Reviewed	Even though the provider is certified for Day Habilitation services, this area was not reviewed during the survey.	No		
	Organization meets the standards for the service provided (CARF Standards and Medicaid rules)	Not Reviewed	Even though the provider is certified for Day Habilitation services, this area was not reviewed during the survey.	No		

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Other Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date C Due	ΣIP
	Organization maintains a healthy and safe environment (CARF 1.E.10 and WMR Chapter 45, Section 23)	In-compliance	1 of 1 locations (100%) observed provided evidence of maintaining a healthly and safe environment.	No		
	Organization meets the standards for the service provided (CARF Standards and WMR Chapter 41-45)	In-compliance	Through a review of documentation and observation of services, the provider is meeting the applicable standards.	No		

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